

THIS APPLICATION IS TO BE TYPED OR PRINTED LEGIBLY IN INK

COMMERCE AND INSURANCE
TENNESSEE COMMISSION ON FIRE FIGHTING
 500 James Robertson Parkway, Suite 630
 Nashville, TN 37243 – 615-741-6780



APPLICATION FOR WRITTEN EXAMINATION

NAME OF DEPARTMENT _____

RETEST? _____
 Title of Examination _____ YES or NO

DATE OF EXAM _____ TIME _____

LOCATION _____

FOR COMMISSION USE ONLY

Rec'd _____ App'd _____
 NFFI _____ NFFII _____ HMA _____ HMO _____ FDI _____
 FDI2 _____ FOI _____ FOII _____ SO _____ AADO _____
 FDO _____ FAO _____ FLSE1 _____ FLSE2 _____ AFF _____
 WFF1 _____ WFF2 _____ FSCOI _____ FSCOII _____
 Challenged _____ P _____ F _____ # _____
 () Perf _____ () DV _____ () Written _____
 () LB _____ Issued _____
 Cert # _____
 Test Site _____
 Test Date _____ Adm. By _____
 IFSAC Seal # (if App) _____

NAME _____
 FIRST MI LAST

ADDRESS _____
 STREET CITY ST ZIP

TN DR LIC _____ D.O.B. _____ SOC. SEC. # _____ - _____ - _____

Date Entered Fire Serv. ____/____/____ Date Joined ____/____/____ PHONE # (____) ____-____-____
 (BE SPECIFIC) MO / DAY / YR Present Dept. MO / DAY / YR

If you have served in more than one department, list name(s) of department(s) and exact dates of service in each:

The following data is for statistical information only and may be entered on a voluntary basis.

Sex: _____ Race: _____
 M F WH BL HISP ASIAN AM. IND. OTHER

Fire Fighter I, Fire Fighter II, Fire Officer I, Fire Officer II: Date of Domestic Violence Training _____
 Sponsoring Agency or Place of Domestic Violence Training _____

**I CERTIFY TO THE COMMISSION THAT I HAVE COMPLETED THE PRACTICAL AS INDICATED BELOW.
 YOU MUST PUT THE DATE AND LOCATION OF THE PRACTICAL NEXT TO THE APPROPRIATE PRACTICAL(S).**

***** All supporting documentation requested below must be attached for all examinations including retests!*****

FF1/HMA: Hands-on Practical _____ Live Fire Practical _____ **OR** Live Fire Verification Sheet (copy attached)

FFII/HMO: Hands on Practical _____ Live Fire Practical _____ **OR** Live Fire Verification Sheet (copy attached)

Instructor I: Fire Department Instructor-I Checklist (copy must be attached) _____

Instructor II: Prepare Lesson Plan meeting requirements of NFPA 1041 and approved by Commission _____

Officer I: Successfully completed practical exam administered by the Commission _____

Officer II: Approved Performance Checklist from NFPA 1021 Standards, 2003 edition _____ NFA "Executive Fire Officer" _____

An Associates Degree (or higher) in Fire Science or related field from an accredited college _____

Fire Apparatus Operator: Approved Practical from NFPA 1002 Standard, 2003 edition, Chapters 4-6 _____

Pumper Driver/Operator: Approved Practical from NFPA 1002 Standard, 2003 edition, Chapters 4 and 5 _____

Aerial Apparatus Driver/Operator: Approved Practical from NFPA 1002 Standard, 2003 edition, Chapters 4 and 6 _____

Airport Fire Fighter: Approved Practical from NFPA 1003 Standard, 2005 edition _____

Safety Officer: Successfully completed the practical examination administered by the Commission _____

Fire Safety Compliance Officer I: Participated in eight (8) Fire Safety Inspections _____

Certified in accordance with T.C.A. 68-120-113 _____

Fire Safety Compliance Officer II: Successfully conducted eight (8) Fire Safety Inspections _____

Certified in accordance with T.C.A. 68-120-113 _____

Fire and Life Safety Educator I: Approved Practical based upon NFPA 1035 Standard, 2005 edition _____

Approved practical based upon Commission Policy of October 22, 1999 _____

Fire and Life Safety Educator II: Approved Practical based upon NFPA 1035 Standard, 2005 edition _____

Approved practical based upon Commission Policy of December 7, 1999 _____

Wildland Fire Fighter I: Tennessee Division of Forestry "Task Book for the Position of Firefighter Type 2" _____

Approved Practical based upon NFPA 1051 Standard, 2002 edition _____

Wildland Fire Fighter II: Tennessee Division of Forestry "Task Book for the Position of Advanced Firefighter/Squad Boss" _____

Approved Practical based upon NFPA 1051 Standard, 2002 edition _____

*** NOTE: Fire Fighter I and Fire Fighter II applicants must attach a copy of their CPR Card. ***

By signing below, all parties certify to the Commission that the applicant has received sufficient training according to the appropriate NFPA Standard, as currently adopted by the Commission, for the level to which the applicant is applying. THE PERFORMANCE EVALUATION IS SUBJECT TO AUDIT BY THE COMMISSION.

I certify that the statements made in this application are a true and accurate description of my fire service training and experience, qualifying me for this level of certification.

DateApplicant's Signature (DO NOT TYPE)

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TRAINING OFFICER: PLEASE VERIFY THAT APPLICATION IS COMPLETE. Incomplete applications will be returned which could result in a delay in the examination.

It is my complete understanding that any false information being provided in this application may result in the revocation of departmental accreditation in the State Certification Program.

DateTraining Officer's Signature (DO NOT TYPE)

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NOTICE: *The Tennessee Commission on Fire Fighting Personnel Standards and Education requires the applicant to bring a government issued ID in order to be admitted to any examination.*

RECOMMENDATION OF TRAINING COMMITTEE

We, the members of the Training Committee, established by the Fire Department named on this application and appointed by the Chief of the Department, do hereby affirm to the Tennessee Commission on Fire Fighting Personnel Standards and Education that we, as a committee, have reviewed this application and determined it to be accurate and correct and in full compliance with all requirements for the level of certification sought in this application.

This recommendation is made by majority vote of the Training Committee members. The roll call votes was recorded as follows:

(NOTE: SIGNATURES OF COMMITTEE MEMBERS MUST BE IN OWN HANDWRITING)

	AYE	NO	ABSTAIN
CHAIRMAN (DO NOT TYPE)			
VICE CHAIRMAN (DO NOT TYPE)			
SECRETARY (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			